

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-034641

4747

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY **Jackson**

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **Kansas City**

Length of stay in 1b
5 Hrs.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **St. Lukes Hospital**

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Missouri** COUNTY **Jackson**

c. CITY OR TOWN **Lee's Summit** Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
1403 West 1st. St. Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED First Middle Last
Irvin -- Bly

4. DATE OF DEATH Month Day Year
Sept. 13, 1962

5. SEX
Male

6. COLOR OR RACE
White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
Nov. 27, 1892

9. AGE (last birthday)
69

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Shipping Foreman

10b. KIND OF BUSINESS OR INDUSTRY
Sheffield Steel

11. BIRTHPLACE (City and state or country)
Grand Island, Neb.

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME
Herbert H. Bly

13b. MOTHER'S MAIDEN NAME
Unknown

14. NAME OF HUSBAND OR WIFE
Mrs. Cecil Bly

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
No.

16. SOCIAL SECURITY NO.
[REDACTED]

17. INFORMANT Address
Mrs. Cecil Bly, Lee's Summit, Mo.

18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **acute coronary occlusion**
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **arterio-sclerotic heart disease**
DUE TO (c) **hypertension**

INTERVAL BETWEEN ONSET AND DEATH
12 hrs
8 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.
☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from **8-9-62** to **9-13-62** and last saw him alive on **9-13-62**
Death occurred at **St. Lukes Hosp. KC Mo 4:20p** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)
L. B. Knight M.D.

22b. ADDRESS
Lee's Summit Mo 22c. DATE SIGNED
9-14-62

23a. BURIAL, CREMATION, REMOVAL (Specify)
Removal

23b. DATE
Sept. 16, 1962

23c. NAME OF CEMETERY OR CREMATORY
Lee's Summit Cemetery

23d. LOCATION (City, town, or county) (State)
Lee's Summit, Mo.

24. FUNERAL DIRECTOR ADDRESS
Langsford Funeral Home, Lee's Summit

25. DATE RECD. BY LOCAL REG.
9-17-62

26. REGISTRAR'S SIGNATURE
Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

1962 OCT 3

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed N. B. Longford Jr.

Licensed Embalmer No. 4962

P. O. Address Leicester Summit, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.